



**Health  
Budgets &  
Financial  
Policy**



# CPT/HCPCS 2010 Updates

12 January 2010 - 0800 & 1400 & 2100 EST

14 January 2010 - 0800 & 1400

Bridge Number: 877-960-7130

Pin: 2378585



**Health  
Budgets &  
Financial  
Policy**



# Objectives

- Understand the changes in both the CPT and HCPCS code sets that can impact billing
- Understand the changes by department type
- Be able to share the information with others in your facility



Health  
Budgets &  
Financial  
Policy



# Summary of 2010 Changes

	<b>Added</b>	<b>Deleted</b>	<b>Revised</b>
<b>Anesthesia</b>	0	1	0
<b>E/M</b>	0	0	10
<b>Surgery</b>	80	23	96
<b>Radiology</b>	14	11	4
<b>Path/Lab</b>	15	2	17
<b>Medicine</b>	10	4	8
<b>Cat II</b>	96	14	24
<b>Cat III</b>	11	22	0
<b>Totals</b>	226	77	159



Health  
Budgets &  
Financial  
Policy



# E/M Section – Consultations

A consultation is a type of evaluation & management service provided by a physician at the request of another physician or appropriate source to either recommend care for a specific condition or problem, or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem.



Health  
Budgets &  
Financial  
Policy



# E/M Section – Consultations

A “consultation” initiated by a patient and/or family, and not requested by a physician or other appropriate source, is not reported using the consultation codes but may be reported using the office visit, home service, or domiciliary/rest home care codes as appropriate.



Health  
Budgets &  
Financial  
Policy



# E/M Section – Consultations

- The written or verbal request for a consult may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate source.
- The consultant's opinion, and any services that were ordered or performed, must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.



Health  
Budgets &  
Financial  
Policy



# E/M Section – Consultations

- Consultations have been revised to outline the two circumstances under which consultations provided at the request of another physician or appropriate source may be rendered:
  - To provide opinion/services for a specific condition or problem, or
  - To allow a determination to be made on whether to accept the ongoing management of the patient's entire care or for the care of a specific condition or problem (i.e., transfer of care)



**Health  
Budgets &  
Financial  
Policy**



# Surgery Changes

- 41 new codes
- 53 revised codes
- 7 deleted codes
- New parenthetical and instructional notes





Health  
Budgets &  
Financial  
Policy



# Surgery Changes

## Musculoskeletal System Section:

Introductory guidelines revised for excision of subcutaneous soft tissue tumors, excision of fascial or subfascial soft tissue tumors, radical resection of soft tissue tumors and radical resection of bone tumor services



Health  
Budgets &  
Financial  
Policy



# Surgery Changes

Introduction/Injection of Anesthetic Agent  
(Nerve Block), Diagnostic or Therapeutic  
Section:

The paravertebral facet joint or facet joint nerve  
injection codes 64470-64476 have been deleted.  
There are six new codes under a new  
subheading for reporting paravertebral facet  
joint injections w/image guidance.



Health  
Budgets &  
Financial  
Policy



# Radiology Changes

Most significant changes:

- New codes for CT colonography diagnostic and screening procedures
- New codes for cardiac magnetic imaging codes
- New codes for CT and CTA of the heart and myocardial perfusion and cardiac blood pool imaging studies



Health  
Budgets &  
Financial  
Policy



# Pathology & Lab Changes

Most significant changes:

- Chemistry subsection has the most number of changes
- Also the appropriate placement of a Vitamin D procedure has been re-sequenced



Health  
Budgets &  
Financial  
Policy



# Pathology & Lab Changes

Guidance for the Organ or Disease-Oriented Panels subsection of the Pathology and Lab section was revised to clarify:

Users should not report multiple panel codes that include any of the same constituent analytes performed from the same patient collection (analytes has been changed to the word “tests”).



Health  
Budgets &  
Financial  
Policy



# Medicine Section Changes

- New codes for the vaccine coding sections
- Revisions in the ear, nose and throat section
- Changes within the cardiovascular section include changes made to reflect the need to clarify the use of certain codes or to combine certain procedures that are commonly performed together
- There are also deleted codes for services that are no longer performed



Health  
Budgets &  
Financial  
Policy



# Medicine Section Changes

- 90470 - H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
  - **Note:** Code is not in 2010 CPT Code book yet
- 90663 – Influenza virus vaccine, pandemic formulation, H1N1
- Follow your Service coding guidance and third-party payor billing requirements for reporting this vaccine.



Health  
Budgets &  
Financial  
Policy

# Category II Code Changes



- 98 codes added for quality improvement measure
- 9 new codes for clinical conditions
- 46 revised clinical conditions





Health  
Budgets &  
Financial  
Policy

# Category III Code Changes



Revisions include:

- 11 new codes
- 22 deleted codes
- Of the code deletions – seven codes were converted to Category I codes



**Health  
Budgets &  
Financial  
Policy**



# Changes to the 2010 HCPCS Codes

## Modifier Changes



Health  
Budgets &  
Financial  
Policy



# HCPCS – Modifier Changes

- A1 – dressing of one wound
- PA – Surgical or other invasive procedure on wrong body part
- PB – Surgical or other invasive procedure on wrong patient
- PC – Wrong surgery or other invasive procedure on patient
- (Note - The CPT AI modifier is used to designate the principal physician of record)



Health  
Budgets &  
Financial  
Policy



# HCPCS – Modifier Changes

- PI – for PET/CT to inform the initial treatment strategy of tumors that re biopsy proven or strong suspected or being cancerous based on other diagnostic testing
- V5 – Vascular catheter
- V6 – Arteriovenous graft



Health  
Budgets &  
Financial  
Policy



# HCPCS – Modifier Changes

- PI – for PET/CT to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy
- V8 – Infection present
- V9 – No infection present



Health  
Budgets &  
Financial  
Policy

# HCPCS Code Changes



- A codes – 9 new, 7 deleted, 2 revised
- C codes – 10 new, 7 deleted, 2 revised
- E codes – 2 new, 4 deleted, 7 revised
- G codes – 95 new, 18 deleted, 6 revised
- J codes – 16 new, 8 deleted, 3 revised
- K codes – 2 new
- L codes – 9 new, 13 deleted, 4 revised
- Q codes – 12 new, 9 deleted, 2 revised



**Health  
Budgets &  
Financial  
Policy**



# Summary

- This is an overview of the 2010 code changes that will be used for third-party billing
- Please share this information with interested parties in your facility
- Check with your Service POC for specific coding/billing guidance



Health  
Budgets &  
Financial  
Policy



# Questions?

**TMA/UBO Helpdesk**  
Functional Support

[UBO.Helpdesk@altarum.org](mailto:UBO.Helpdesk@altarum.org)

703-575-5385